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Applicants:	Kim et al.	Examiner: Chien, Lucy P
Serial No.:	10/799, 307	Group Art Unit: 2871
Filed:	March 12, 2004	Docket: 8054-50 (LW9007US/HJ)

For: **ARRAY SUBSTRATE AND REFLECTIVE-TRANSMISSIVE TYPE
LIQUID CRYSTAL DISPLAY APPARATUS HAVING THE SAME**

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

<u>AMENDMENT TRANSMITTAL FORM</u>

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ ]   Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
[ ]   A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
[X]   No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA		SMALL ENTITY RATE	ADDIT. FEE	OTHER THAN SMALL ENTITY OR	ADDIT. RATE	FEE
TOTAL	25*	MINUS 25**	= 0	X	25	$ 0	X	50	$ 0
INDEP.	4*	MINUS 4***	= 0	X	100	$ 0	X	200	$ 0
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X	180	$	X	360	$ 0
					TOTAL		OR TOTAL		$ 0

<u>ADDIT. FEE</u>   <u>$ 0</u>

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
    The "Highest No. Previously Paid For" (TOTAL or INDEP.) is the highest number found in
    the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

[ ]   Please charge Deposit Account No. ____ in the amount of $___. Two (2) copies of this sheet are enclosed.

[ ]   Please charge fee of $___ for _____ by Credit Card Payment Form PTO-2038 enclosed herewith

[X]   Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. <u>50-0679</u>. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. <u>50-0679</u> therefor. **TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.**

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Respectfully submitted,

Frank Chau
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Attorney for Applicant

<u>CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)</u>

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-4150 on <u>October 26, 2005</u>.

Dated: <u>October 26, 2005</u>

Frank Chau

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

10/799 307

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	150.00	OR	BASIC FEE	300.00
X$ 25=		OR	X$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A — 10/28/05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 25	Minus	** 25	= ⌣
Independent	* 4	Minus	*** 4	= ⌣
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 25=		OR	X$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 25=		OR	X$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 25=		OR	X$50=	
X100=		OR	X200=	
+180=		OR	+360=	